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ORIGINAL ARTICLES

ANNUAL ADDRESS OF THE PRESIDENT.*

THIRTY YEARS SPENT IN THE STUDY AND PRACTICE OF MEDICINE.

By EDMUND D. CHESEBRO, M. D.,
Providence, R. I.

Thirty years spent in the study and practice of medicine by an individual is by no means an unusual experience. Several in this audience already have devoted forty, yes, fifty, years to the actual practice of medicine. Many of us remember how our beloved Dr. J. W. C. Ely retained his mental vigor and prided himself on keeping abreast of the times even after sixty years of active work in his chosen profession, and the inimitable Dr. William J. Burge, whom we delight to welcome here to-day, is keen in intellect and elastic in step even after sixty-six years spent in the study and practice of medicine.

During the past thirty years, however, monumental changes have taken place in the science and practice of medicine, and at the present moment the medical profession is confronted with momentous problems entirely new to the present generation of physicians. It seems fitting, therefore, that we spend the time allotted to us in very briefly referring to a few of the milestones in medicine erected during the past thirty years.

Most of the changes which have taken place during the past three decades have resulted from the development and elaboration of principles recognized previous to the period under consideration. The pioneer work of Sir Joseph Lister and Louis Pasteur in establishing the science of bacteriology on a workable basis, and finally, in 1882, the actual demonstration of the tubercle baccilus by Koch served to establish bacteriology as all important in the etiology of disease, stimulated investigators to renewed efforts in medical research and brought about advanced methods of teaching.

In the fall of 1887, just thirty years ago, the writer was privileged to enter the medical department of Columbia College known as the College of Physicians and Surgeons, New York City. That summer the medical school had been transferred from the old, cramped, poorly equipped Twenty-third street quarters, well remembered by some of you, to the new plant on Fifty-ninth street, an institution commodious, well lighted and thoroughly equipped for up-to-date didactic, clinical and laboratory teachings. The histological and pathological laboratories, under the masterly direction of Prudden, had no equal in America. The departments of physics, chemistry, physiology and anatomy were thoroughly equipped and manned by high grade teachers. Ample space was devoted to didactic and clinical lectures. The clinics were thronged, not only with the poor but with the well-to-do; for, with the thought of securing an abundance of clinical material, no attempt whatever was made on the part of the college authorities to exclude patients who were able to pay a physician for professional advice. The Sloane Maternity Hospital, opened the same year as a part of the Medical College, was a model of its kind. At the same time the admission requirements were made much more rigid and a new era was established in medical teaching in America.

So-called antiseptic surgery was taught and the most implicit confidence was held in the germicidal power of carbolic acid, bichloride of mercury, creolin and other coal tar products. Indeed, in actual practice in the Chambers Street Hospital dispensary in 1889 it was our custom to use the same instruments in the routine treatment of cases, simply dropping them in a tray of carbolic acid solution, 1 to 40, without any further attempt whatever at disinfection. What wonder that nearly every scalp wound suppurated, often to the extent of extensive undermining of the scalp, or that cellulitis was of extremely frequent occurrence. In those days, sometimes referred to

*Read at the annual meeting of the Rhode Island Medical Society, May 31, 1917.

as the transitional period, the practitioner was accustomed to wash his hands *after,* rather than *before,* treating his surgical or obstetrical patient. During that same period, however, major surgery was extensively done in the various hospital clinics to which the P. & S. classes were admitted. The abdomen was fearlessly opened and a vast number of creditable results obtained.

During the thirty years since the opening of those new P. & S. buildings truly marvellous changes have taken place all over the world in medical teachings. The Johns Hopkins Medical School, opened in 1893, was a model of its kind. Other medical schools in the East, notably Harvard, University of Pennsylvania and Cornell, with the expenditures of enormous amounts of money for buildings, equipment and endowment have established plants never dreamed of a few decades ago. While, in the Middle and Far West, many of the state universities have medical schools which compare most favorably with the best schools of the East. Indeed it has been said that already the so-called center of gravity of academic life, including medical education, is beyond the Alleghany mountains. The pronounced improvement in medical education which has taken place in this country has been brought about in no small degree by the activities of the American Medical Association. In 1900 the *Journal of the American Medical Association* began the collection of statistics regarding medical colleges and students in the United States. At that time there were 164 medical schools with registration of 28,000 students. Between five and six thousand were graduated annually. Many of the colleges were joint stock corporations, very poorly equipped for teaching and conducted on a purely mercenary plan. Little attention was given to entrance requirements or graduation accomplishments beyond the collection of matriculation, tuition and graduation fees. Publication of these facts by the *Journal* in 1901, showed the great necessity for improvement in medical education and led to the creation of the Council on Medical Education of the American Medical Association. Statistics were collected and published annually by the *Journal.* In 1906 two standards were suggested, one for immediate acceptance, the other, the "ideal," for future adoption. A vast amount of systematic work, including tours of inspection, was done in collecting reliable data with reference to the exact status of each medical school. A decided awakening to the needs of better medical education all over the country occurred. Legislation, resulting in better schools, was enacted. Influenced in no small degree by the Council, the movement for better medical education all over the United States has accomplished most gratifying results. Many schools became extinct, others were merged with a better grade of institution, while many of the best schools have undergone an internal development scarcely dreamed of twenty years ago. Even the famous Columbia plant on Fifty-ninth street, opened just thirty years ago, became entirely inadequate for present day needs and has been entirely remodelled. Harvard, Cornell, Washington University and the University of Minnesota comparatively recently have built entirely new plants, demanded for up-to-date teaching.

With the great demand for better medical teaching, more and more stringent entrance requirements have been adopted and, as the result of widespread improvement, the standard which was termed "ideal" in 1906 has become the essential standard of to-day, and the number of medical schools, students and graduates have been reduced nearly fifty per cent.

Improvements in medical teaching have been brought about in no small degree by the assistance of philanthropists, who, influenced by the agitation for better conditions in medical education, have contributed most generously toward the building and endowment of medical schools and so-called Foundations for Medical Research. Indeed, at the present time there are in the United States, in addition to the regular medical schools, no less than thirty-six endowed institutions devoted entirely to the advancement of medical science. Of these the best known is the Rockefeller Institute for Medical Research, manned by some of the very best laboratory men in the world. It is interesting to note that during the past week announcement has been made of an additional gift of $25,000,000 by the founder of the institution, Mr. John D. Rockefeller, thus bringing the total endowment of the institution up to $125,000,000. It has planned, with the approval of the French Government, to work in cooperation with the American Red Cross to control tuberculosis in France. Many other heavily endowed and thoroughly equipped institutions of a similar nature are doing most excellent work in the advancement of medical science.

The evolution of medical science which has taken place during the past thirty years has resulted in the establishment of innumerable facts with reference to the etiology of disease and new methods in exact diagnosis. The relation of the physician to the public has undergone marked changes through the intensive study devoted to the different departments of medicine resulting in so-called specialism. The trend of the times in that respect is shown very clearly in data obtained from the Harvard Medical School classes of 1901 to 1910, inclusive after these classes had been in practice from three to thirteen years. About 900 men were graduated in those classes and 312 responded to a circular letter with reference to their line of medical practice. It was found that only 36 were in general practice alone, 134 in general practice with a specialty, while 142 were devoting their entire time to specialism. Without doubt many of those men, who are representative of recent graduates all over the United States, have gone directly from medical schools and hospitals into special practice. Others have followed the plan, which twenty-five years ago was advocated by all teachers and counsellors, namely, that of spending at least a few years in general practice before devoting one's efforts to a so-called specialty. One objection to this older plan is that the average general practitioner who decides to take up a specialty finds it impossible to give up his general practice for a time sufficiently long to enable him to get more than a smattering of advanced clinical teaching in his chosen specialty. As a result it sometimes happens that men who perhaps have never made an unqualified success in general practice and who have had but little actual training and experience in special work, pose as authorities in their chosen specialty. They wonder why the general practitioner does not refer a larger percentage of his patients to him for diagnosis and treatment, while the older and experienced general practitioner may, perhaps, with good reason wonder, "Upon what meat doth this our Caesar feed, that he is grown so great?"

Unquestionably, however, the modern tendency in the practice of medicine is towards specialism, and that tendency is recognized more and more by the layman and general practitioner alike. Indeed, one of our own most successful and highly respected general practitioners recently somewhat facetiously made the statement that he was rapidly becoming simply a guide post for referring his patients to this or that specialist for diagnosis and treatment. All admit, however, that the well trained and conscientious specialist is doing most commendable work and is worthy of the confidence of the general practitioner. It has been said that the death knell of the general practitioner has been sounded. Some of us are old fashioned enough to believe that the well trained general practitioner is still useful and can serve the greater proportion of his patients well, and indeed give them the best obtainable service through his own prompt diagnosis and treatment. The average patient demands prompt relief from his suffering, and the general practitioner, who, accustomed to draw his conclusions from observation and speculation, promptly does something for the comfort of his patient, will inspire that confidence which is all important for its moral effect and in most cases secure immediate results. In other cases he will secure time for utilizing the range of investigation afforded by advanced laboratory methods, either directly through his own efforts or by employing others, perhaps better fitted for such special work. Essential qualifications of a good practitioner are his ability to recognize his own limitations and his willingness to avail himself of the counsel and assistance of others.

During the period under consideration the character of medical practice, as a calling, has been influenced, not only by the intensive development of its different branches, thereby making possible the vast number of specialists now located all over the country, but also by the pronounced tendency to organization on the part of specialists. As a result so-called "group medicine" has become a distinct entity. Some of the best men in the country have surrounded themselves with assistants and associates, equipped with special knowledge. The best known and most extensively developed system of group medicine undoubtedly is the Mayo clinic, where at least 125 practitioners, many of them high grade specialists in the different departments of medicine, are doing an enormous amount of most creditable work. The "group medicine" principle is widespread. Many internists and surgeons of large practice employ specialists in each of the laboratory and clinical departments of medicine

to assist them in the accurate diagnosis of disease. Indeed this custom illustrates most strikingly the difference between the old-time general practitioner and the physician of to-day.

The big men of two or three decades ago rose from the ranks to eminence by force of character and by training their faculties of observation in the hard school of experience. They were obliged to depend upon their individual judgment which could not by any means always be supported by demonstrable fact. Usually the so-called successful men of that period were broad minded and hard workers who looked upon medicine as an ideal profession as opposed to a trade. With the development of "group medicine," however it must be admitted that the practice of medicine becomes in no small degree a trade. The medical group is sometimes referred to as a machine, and the individual members of the group as simply cogs, of more or less importance to the smooth working of the machine.

In the evolution of the physician's relation to many economic and social problems, the etiology of disease has been eagerly sought after both by individual and organized effort, all agreeing that the aphorism, "prevention is better than cure," finds its greatest application in scientific medicine. With that end in view many of our most brilliant and best trained men, instead of devoting their attention to the individual sick, are grappling with gigantic problems, the solution of which will prevent disease and uplift mankind. Innumerable instances are on record of physicians undergoing hardships, even sacrificing their lives while engaged in the scientific investigation of disease.

With the intent of controlling, or at least influencing, those conditions which favor the development of disease the so-called Medical Social Service movement has assumed world-wide importance. The primary object of that service is the bettering of social conditions in the broadest sense of the word. It is recognized that by preventing the distress which produces disease we also prevent disease which causes distress; consequently, general hygienic problems with particular reference to feeding and housing the masses, regulating child labor and improving sanitary conditions of factories, mills, etc., are receiving more and more attention from the physician and layman alike. Every up-to-date hospital and dispensary has its so-called workers whose duty it is to investigate home conditions. Unquestionably a vast amount of good is accomplished by those workers.

The phase of medical social service which has received most serious consideration in this country during the past year is that of compulsory industrial health insurance. That form of insurance was suggested first in Russia a century ago and developed in Germany during the past two or three decades, and more recently adopted by Great Britain. In Germany it has been extended to include, not only sick benefits and old age pensions, but also the building and equipment of hospitals, public baths, sewer systems and other measures intended for the betterment of general hygienic conditions. A modified plan has been adopted in Great Britain. Enormous amounts of money have been expended in those countries in the carrying on of this form of insurance. It is claimed that at least fifty per cent. of the population of those countries have participated in benefits accruing from that system.

Comparatively little attention was given the subject in this country until the Detroit meeting of the American Medical Association in June, 1916. Since that time committees have been appointed in several states and bills introduced into the Massachusetts and New York state legislatures for the purpose of establishing a comprehensive system of compulsory health insurance.

The intent of the measure seems to be an extension of the principle embodied in the various so-called Workmen's Compensation Acts now operative in several states, but restricted to disability as a result of accident. It is proposed to extend the benefits to cover, not only the workingman himself, but also the members of his family. Funeral benefits, maternity benefits and even old age pensions and non-employment insurance have been suggested.

The committees appointed in the several states, notably Massachusetts and New York, comprise some of the most prominent men in the medical profession and also in the industrial and political world. They are devoting their time and their best efforts to the proper solution of the problem. Arguments both for and against the measure have been advanced. Its strongest partisans have expressed the most implicit confidence in the outcome of the system as regards both limiting disease through controlling its cause, and also through supplying high grade medical service to

that considerable proportion of the industrial class which, at the present time, cannot pay for the services of a physician. They recommend the measure, not only as a matter of economy, but also as a matter of humanity in assisting the less fortunate individuals of a community. Those who favor the plan claim that what has been accomplished abroad in monarchistic governments can be duplicated in this country. The United States Public Health Service in its Bulletin No. 76, issued last fall, recommends a properly conducted system of governmental health insurance for wage workers as a "health measure of extraordinary value."

The opponents of the proposed measure claim that the principle of compulsory insurance as suggested cannot be adapted to the democratic form of government of America. They claim that compulsory social insurance in Germany was not the result of a social consciousness, but was a political expedient employed for the purpose of continuing the militaristic imperialism by which the individual German has long been oppressed. They insist that it is socialism in contrast to the individualism which is so dear to the heart of every American. It is claimed, too, that the financial cost of executing any comprehensive plan along the lines suggested will involve the annual expenditure of enormous amounts of money, the greater portion of which must be met by the ultimate consumer, entirely out of proportion to the benefit which reasonably can be expected to result from the inauguration of any scheme such as the one proposed.

Physicians are divided in their opinion as to the effect of the measure on their ability to make a living in the practice of medicine. Undoubtedly most of us were prejudiced against the adoption of the plan in this country because of the hardships imposed on English physicians through the adoption of the system there a few years ago. Apparently, however, the demand of American physicians for more liberal treatment than was accorded their English brethren is receiving consideration. The Young bill, recently presented to the Massachusetts legislature, recognizes the claim of the physician to representation and reasonable compensation for services rendered in a much more liberal manner than the Doten bill, presented to the legislature the previous year and now superseded by the Young bill.

Most advocates of social insurance have recommended combining medical treatment, in the broadest sense of the word, with insurance benefits. Dr. Frederic J. Cotton of Boston, however, advocates the elimination of medical treatment in all its phases. He believes it impossible in this country to combine compulsory insurance with compulsory medical service without, at the same time, working great hardships on the physician and lowering the character of his work. With the medical benefits eliminated from the plan it would be possible for the rank and file of industrial workers to enjoy the benefits resulting from the insurance and would leave him free to employ private or hospital treatment according to his needs. Without doubt that suggestion is worthy of most careful consideration, and we are pleased to know that Dr. J. E. Mowry, Chairman of our own State Society Committee on Social Insurance, very recently has gone on record as approving the plan suggested by Dr. Cotton.

This question is one of momentous importance, both from its general economic aspect and as effecting the welfare of the individual physician. While there is strong opposition to the inauguration of any system of compulsory insurance in this country, the trend of the times strongly favors its adoption, and we, as practitioners, will do well to acquaint ourselves most fully with the provisions of the legislation proposed in our neighboring states and be qualified and willing to take a definite stand on any legislation which may be proposed in this state.

The references which we have made to changes and progress in the practice of medicine during the past thirty years must impress my audience as indeed fragmentary and imperfect. No explicit reference has been made to any of the indispensable modern aids to exact diagnosis, as, for example, the X-Ray, blood pressure instruments, lumbar puncture, blood tests and functional stomach and kidney tests. No explicit reference has been made to the almost complete eradication of many insect borne diseases, as, for example, yellow fever, Rocky Mountain spotted fever, typhus fever and anthrax, through the discovery and control of their cause. No explicit reference has been made to the almost complete elimination of typhoid fever in armies, due to the employment of anti-typhoid vaccination. No explicit reference has been made to

serum therapy, which is still in its infancy and gives promise of most gratifying therapeutic results. No explicit reference has been made to the enormous reduction in infant mortality due to improved sanitary conditions and advanced methods of feeding. These and scores of other notable achievements could be discussed most profitably did time permit.

Enough, however, has been said to call attention to truly marvelous strides made in the advancement of medical science and to suggest the trend of the times with reference to medicine of the future. Undoubtedly state medicine will receive more and more attention. Further control of disease by eliminating its cause is the great desideratum. Without doubt the physician, with that end in view, will continue to stand on the firing line of scientific advance and continue to work hard, as has been said, to put himself out of business. In actual practice the interdependence of the different organs of the body will be given paramount consideration. More and more attention will be devoted to teaching patients how to live, with particular reference to fresh air, diet and exercise. The practitioner should recognize and impress upon his patients the importance of controlling excesses of all kinds incident to the so-called strenuous life, which is responsible for an increasingly high death rate in the middle age classes. The physician should look after his own health and general welfare by trying to lead a systematic mode of life with particular reference to sleep, diet and exercise, and by employing approved business methods in the carrying on of his practice. Patients are human beings, not simply an expression of disease. In their relations with their physician they demand value received, and, as a rule, in accordance with their means, are willing to pay for good service. Professional men are proverbially poor business men. Physicians condemn the layman for paying his good money for nostrums advertised in the daily press, yet they give attention to the alluring prospectus of some undeveloped proposition by a promoter who, almost invariably, is trying to sell something he hasn't got to someone who doesn't want it. Why should not the physician, who has a few hard earned dollars to invest, appeal to a reputable banker for advice with reference to such investment with the same propriety and good reasoning as he insists that the layman, when ill, should consult a physician with the idea of profiting by his expert opinion?

Now, after decades of uninterrupted progress in the development of medical science, new problems of momentous import confront the physician and layman alike. Practically the entire world is engaged in, by far, the most gigantic and sanguinary war in the history of mankind. Beginning nearly three years ago in Central Europe it has now spread practically all over the civilized world, and we, who have tried to flatter ourselves that we were too far away from the actual seat of conflict to become more than indirectly affected by its ravages, find ourselves engaged in actual warfare against the most powerful military organization in the world. The subject of "The Doctor in the Present War" has already to-day been presented to you by one far better qualified than I to discuss the subject. The writer simply voices the opinion of our ex-Ambassadors Gerard and Hill in the conclusion that we have before us a long, bitter war, the successful waging of which demands energetic, patriotic effort, including without doubt the sacrifice of life on the part of many. The President of the United States has said, "The supreme test of the nation has come. We must all speak, act and serve together." I have no doubt the members of this Society, each according to his talent, will quit themselves like men in meeting the obligations imposed upon them in the present conflict for world-wide democracy.

THE EVILS OF DRUG STORE PRESCRIBING IN VENEREAL DISEASE.*

(From the Genito-Urinary Department of Boston City Hospital.)

By HAROLD G. GIDDINGS,
Boston, Mass.

To every genito-urinary clinic there constantly come men presenting venereal complications of varying severity, not infrequently the result of mal-treatment. A very large percentage of these cases is found to have had no other than self-medication, as suggested to them by some druggist who places profit above principle. The advice usually amounts to nothing more than directions to take "some capsules" which the

*Read before the Newport Medical Society, May 17, 1917.

druggist dispenses, and occasionally some sort of an injection which, when prescribed, he also provides. Further questioning of the patient invariably reveals that there has been no attempt at an examination, by the druggist, as to the nature or the seat of the disease. Never is the patient apprised of the serious character of his infection,—in fact, it is more ordinarily made light of,—nor is he ever told anything of venereal hygiene, or of the care he must use, not to infect others, either sexually or extra-sexually. It apparently never occurs to the prescribing druggist that if an injection is improperly administered, it may cause a good deal of harm, or that the treatment of posterior urethritis is essentially different from that of anterior; or that Hunterian chancre requires different medication from soft sores or herpes. There is one point, however, that the counter prescriber does not forget, viz., to tell his patient to return for medicine when the first lot is gone. In Boston there is a drug concern, operating several stores, which sells for five dollars a complete outfit for self-medication. The paraphernalia consists of a small box containing a dozen of "Doctor Wilson's Compound Bismuth Bougies,—The Only Scientific and Safe Cure for Gleet," and a bougie gun for inserting them; two boxes of "Doctor Wilson's San-Buchu Capsules," fifty in a box; a six ounce bottle of the "Army and Navy Injection," which we learn from the label is "The Prescription of a Famous Government Surgeon for Clap and Gleet," and a two drachm glass urethral syringe. The injection, clear and transparent, is apparently an astringent. This particular firm probably gives as complete an assortment of remedies for the cure of urethritis as is to be had. And the only requisite to obtain it, and oftentimes with it lasting complications, is a five dollar bill.

The inevitable result of this indiscriminate counter-prescribing is that a good many of the cases, instead of being held in check and promptly cured as they would be if properly handled, go on to become chronic, while the host becomes a public menace.

We hear much about the prevalence of venereal disease and of its terrible and far-reaching results, extending as they so often do into the ranks, homes and lives of the innocent, and even to the unborn child. Keyes, referring to the social importance of gonorrhoea, sums it up thus:

"Prevalence. A disease that attacks more than half our young men, a disease that affects thousands of children and hundreds of thousands of women, is important to society by its prevalence alone.

"Transmissibility. A disease that enters the family almost exclusively through illicit sexual contact, a disease that may be transmitted long after the patient thinks himself or herself well, a disease that may be transmitted to the wife from the prostitute via the offending husband, to the eyes of her infant at birth or to its genitals thereafter, is eminently important to society.

"Grave Results. A disease that incommodes the man and may invalid the woman, a disease that is the cause of most of the major gynecology of to-day, a disease that unsexes thousands of women, that makes chronic invalids of many, that kills not a few, a disease that in this country causes from one-quarter to one-half the congenital blindness, that is accountable for about one-third the blind in our asylums, is a real peril to society.

"Sterility. A disease that causes fully fifty per cent. of the involuntary sterile, or one-child marriages, that destroys the power of procreation in man, as well as in woman, is indeed a peril to the race."[1]

The law regulating the practice of medicine in Massachusetts is particularly definite. It specifically states that "whoever, not being lawfully authorized to practice medicine * * * or practices, or attempts to practice medicine in any of its branches * * *, shall, for each offense, be punished by a fine of not less than one hundred nor more than five hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment." (Revised Statutes of Massachusetts, Chap. 75; sect. 8.)

The next section of the chapter (sect. 9) makes certain exemptions to the foregoing provisions, which in a great measure nullify those provisions. Section 9 states that "the eight preceding sections" (all of which relate to the practice of medicine) "shall not apply to * * * registered pharmacists in *prescribing gratuitously* * * * pharmacists, etc., * * *, if they do not violate any of the provisions of section eight." The language of Section 9, as applied to pharmacists, thus takes all the teeth out of the desirable purposes of Section 8. The moment that

a criminal prosecution is brought against a pharmacist under Section 8 for suggesting to a customer a remedy or a cure, he can hide behind the screen raised about him by Section 9, and say that he had merely volunteered to help this person out. "He told me what ailed him, and I only suggested so and so." Such an explanation would be sufficient to end any prosecution unless it were proven that the indicted druggist had charged for the advice given in connection with the drugs prescribed. And such a thing would be well-nigh impossible of proof. And again, it is beyond comprehension that a man with venereal disease would bring suit against a druggist for mal-treatment.

New York is less liberal with pharmacists than is Massachusetts, not even granting to them the right to prescribe gratuitously. (New York Public Health Law; 1909; chapter 49, par. 174.) A friend of the writer recently related to him that a druggist in a New York store declined to remove a foreign body from his eye, fearing that if the act were discovered he would be deprived of his license.

Because of the legal laxity embodied in the foregoing paragraphs and by common public and professional consent, the evil of counter-prescribing is accepted as a matter of course. This is natural, as it has been permitted to be the druggist's intrinsic right for a time beyond the memory of many generations. But the point of view of the profession has seen a radical change within the past few years, and preventive medicine has taken its place in the forefront of medical advance. As a still further step toward conserving the public health, controlling venereal disease and in keeping with the spirit of professional advance, it is the writer's contention that there should be incorporated in our statutes radical limitations in counter-prescribing by pharmacists for venereal diseases.

During a period of four months we recently collected, from the genito-urinary clinic of the Boston City Hospital, a series of cases having received beforehand, with two exceptions, no other than drug-store treatment for their current infection. To be sure, many of these patients gave histories of previous venereal disease, and it will rightfully be contended that this in itself would render impossible of proof that their complications were the result of the pharmacists' prescribing; and, again, we are not unaware that no matter how carefully and conscientiously a case of urethritis or syphilis may be handled, it is at any time during its course likely to develop serious complexities. These facts, however, in no wise lessen the force of our premise,—that counter-prescribing is a serious evil,—but, on the contrary, lend force to it, for diseases so dangerous and so likely to be accompanied by grave complications as those termed venereal surely should be treated only by skilled hands.

Of the nineteen cases studied, eighteen had gonorrhoea; two of these also had syphilis; one had chancre and chancroids.

Of the gonorrhoeics, there were three cases of anterior acute urethritis, fifteen cases of anterior chronic urethritis, two cases of posterior acute urethritis, fourteen cases of posterior chronic urethritis, one case of acute prostatitis, six cases of chronic prostatitis, three cases of acute epididymitis, one case of subacute epididymitis, one case of gonorrhoeal rheumatism.

Each patient was carefully questioned as to what examination was made by the prescribing pharmacist. In only one case had there been even a semblance of examination. In this instance the patient was asked to bring in a bottle of his urine.

A brief outline of the cases is herewith presented. (The numbers all refer to out patient records.)

12819—Treated at Boston City Hospital in 1911 for gonorrhoea. Discharged cured. Acquired syphilis in June, 1915. Treated by private doctor for this. Gonorrhoeal infection in August, 1915. Went to a druggist for advice. Druggist gave him a "bottle of medicine" from which he "guaranteed wonderful cures." Patient took one bottle of the preparation, then went to a private doctor. Came to hospital October 27, 1915. Positive Wassermann.

Diagnosis: Chronic anterior and posterior urethritis; chronic prostatitis; syphilis.

16617—December 7, 1915. Seven months previous, three weeks after exposure, there developed several pimples on his penis. Was treated by a druggist and pimples disappeared. Negative Wassermann. Examination showed nothing externally on genitalia, but patient did have urethritis.

Diagnosis: Chronic anterior and posterior urethritis, chronic prostatitis.

22279—Gonorrhoea for seven weeks. Treated immediately by a druggist, who advised use of an injection of argyrol. Strength not known. Man also given copaiba capsules. Continued this treatment for seven weeks, and because discharge still persisted, the druggist advised patient to see a doctor. Man then came to hospital.

Diagnosis: Chronic anterior and posterior urethritis.

22335—Gonorrhoea three years ago. Treated by physician and apparently cured. Second infection one year ago. Treated by druggist. Given sandalwood capsules and something to rub on knee which was troubling him at the time. Discharge stopped and patient considered himself cured. Third infection two months ago. Went to same druggist. This time was given in addition to the capsules, "something for the blood." Testicle became swollen a week ago.

Diagnosis: Chronic anterior and posterior urethritis; acute epididymitis; gonorrhoeal rheumatism.

22352—Chancre twenty years ago. Gonorrhoea five years ago. Recovery. Reinfection three years ago. Treated self with a patent medicine; not advised by any one. Present infection two weeks ago. Counter treatment by druggist. Given "some French injection." Wassermann three plus.

Diagnosis: Chronic anterior and posterior urethritis; chronic prostatitis; syphilis.

22427—Gonorrhoea in 1912. Treated by a druggist. Second infection seven weeks' duration. Drug store medication. Swollen testicle three weeks. Referred to house.

Diagnosis: Chronic anterior and posterior urethritis; acute epididymitis.

22558—Gonorrhoeal infection, 1912. Recovery. Present infection six weeks. Has been treated by druggist for "nervousness."

Diagnosis: Subacute anterior urethritis.

22765—Gonorrhoea eight years, and one year, ago. Treated himself both times and "stopped trouble." Obtained his instructions from a druggist in each instance. In last case, medicine consisted of "some pills which cost forty cents a dozen," and an injection of "some red stuff." Never treated by doctor or hospital.

Diagnosis: Chronic anterior and posterior urethritis; chronic prostatitis, double inguinal adenitis.

25192—First infection. Duration seven weeks. Went to a druggist the very day he first saw trouble. Was given a dozen sandalwood capsules which lasted two days. Went back to same store again, and this time was given a liquid containing sandalwood. Of this he took two bottles. When this was gone, the druggist gave him a bottle of Lafayette mixture and an injection which he was told to use every two to three hours. Each time patient returned to store, the druggist "just handed out the stuff and asked how he was getting along." Never suggested seeing a doctor and made no attempt at an examination. Patient followed directions faithfully.

Diagnosis: Chronic anterior and posterior urethritis; chronic prostatitis.

25624—When he developed gonorrhoea, went to druggist for advice. Was given bottle of potassium permanganate and told to put half of it in a pint of water and use as an injection twice a day. Got his syringe at another store. Used one or two syringefuls at a time. (Syringe held 7 c. c.) Testicle began to swell about a week ago. Referred to House.

Diagnosis: Chronic anterior and posterior urethritis; acute epididymitis.

25911—First infection. Two weeks duration. Went immediately to druggist for treatment following onset. Latter gave him some "black medicine" to drink four times a day, and said he "would be all right in ten days." No injection, no capsules. Charged him a dollar. When patient did not improve, he came to hospital.

Diagnosis: Subacute anterior and posterior urethritis.

25978—Gonorrhoea two years ago. Treated Boston City Hospital. Discharged cured. Present infection five weeks' duration. Two or three days after its appearance went to a druggist. Described symptoms, told about shreds, and was given "some white tablets which looked like camphor." These he was told would "clean up the disease through the bladder." Three dozen tablets failed to do so, and patient came to hospital.

Diagnosis: Chronic anterior and posterior urethritis.

26955—Four or five days after exposure, developed a sore at right of frenum. A few days

later three or four more appeared on different parts of penis. As soon as they appeared went at once to a druggist to whom he told his story. Latter gave him "some salve which he said would fix him all right in a couple of weeks." About two weeks later developed a bubo, and subsequently an abscess on shaft of penis. In the meantime the druggist did not suggest doctor or hospital. When the abscess developed, patient went to a doctor who opened bubo and abscess. Had gonorrhoea a year ago. Treated by same druggist. June, 1915, treated at Boston City Hospital with salvarsan for syphilis. Skin cleared up and patient felt fine. Wassermann three plus.

Diagnosis: Syphilis; chancroids.

27559—First infection; duration two months. Eight days after onset went to druggist who gave him some sort of medicine to take, some capsules and an injection. Continued this treatment for two months, then became discouraged and came to hospital.

Diagnosis: Chronic anterior and posterior urethritis.

27722—First infection; one week. Went to druggist when disease appeared. Given sandalwood capsules and told to return for more when these were gone. Was told these would fix him all right. Patient's money gave out, so he came to hospital. During treatment by druggist, no examination was made. Only inquiry was if this was first attack. Patient came only twice to the hospital.

Diagnosis: Acute anterior urethritis.

28616—First infection four years ago. Drug store treatment, consisting of injection, wash, and capsules. Cured, that is, stopped running. Had frequency, however, after recovery. Second infection three years ago. Same druggist, same treatment. Recovery, but water was at times "pretty cloudy." Present infection few weeks' duration. Same drug store, same medicine; but this time it did no good.

Diagnosis: Chronic anterior and posterior urethritis; chronic prostatitis.

29658—Gonorrhoea two years ago, with recovery. Present infection two weeks. Went immediately to druggist, by whom he was given "some pills that made his water green." Nothing else.

Diagnosis: Acute anterior and posterior urethritis.

29684—First infection. Onset four weeks ago, when he consulted a druggist. Given capsules, with directions to take one every four hours, and told not to use alcohol. No examination. Presents strangury and bleeding.

Diagnosis: Acute anterior and posterior urethritis; acute prostatitis.

30665—Following first infection few weeks ago visited drug store for advice. Was not examined. Told by clerk there was nothing serious the matter, and that "two or three bottles of his medicine would fix things." The medicine was a "white water" to be used in teaspoonful doses four times daily; in addition, there were some black pills. One of his testicles became swollen and he went to a doctor, who used electricity on it.

Diagnosis: Chronic anterior and posterior urethritis; subacute epididymitis.

The foregoing cases require no comment. They are self-explanatory. The evidence which they present is obviously sufficient to condemn as illegitimate the practice of the stores from which the various patients secured their medicines and advice.

It is by no means the writer's intention to include all pharmacists in the class of counter-prescribers, for we realize that there are many who would not knowingly indulge in such practice or condone it for an instant. To include these men in the class of counter-prescribers would be doing them a manifest injustice. But even those who are most strictly professional oftentimes unmeaningly become partners to the traffic which we are condemning. This participation is brought about by newspaper advertising of medicines for the cure of venereal disease. Men so afflicted read these advertisements and immediately seek the medicines at the nearest drug store, and it is obvious that so long as we have no laws preventing the sale of such remedies, that the druggist is quite within his legal and moral right in selling them. There is still another means through which counter-prescribing is carried on. We refer to the handing about of information by men who have had some personal experience with venereal disease. The recipient of their friendly advice immediately goes to a druggist and calls for a medicine his friend has suggested as a "sure cure." The druggist who is asked to dispense such remedies, while he may be perfectly aware of the purpose to which they

are to be put, is in no wise restricted from supplying the goods; and even though he were inclined not to deliver them, he would very quickly drive away legitimate patronage if he were in any way to question the use to which his wares or preparations, even though they were known to be anti-venereal, were to be put.

It is obvious, therefore, that in order effectually to check counter-prescribing for venereal disease somewhat radical legislation must be enacted. We would suggest as a general working basis, though we do not entirely agree with all its provisions, that a law similar to that recently passed in Australia, under the title of "Health Act Amendment Act," relating to the state control of venereal disease, be adopted by the various states. This law, briefly, provides that no one except a doctor shall attend such cases; that a person knowing or suspecting that he has venereal disease shall put himself under a physician's care; that physicians must report such cases; that they must also report failure of the patient faithfully to follow up his treatment. It also forbids the advertising of medicines, instruments and appliances for venereal disease, and, under its terms, no printed matter in regard to such devices may be distributed in any way. It further provides that all proceedings under the act shall be in secret.[2]

In addition to the foregoing provisions it may be suggested that pharmacists be forbidden to dispense any remedies whatsoever, known to be employed in the treatment of venereal affections, except upon a physician's prescription. We cordially endorse the statement by McDonagh in his recent work on venereal disease that the "government should step in and make quackery illegal and prevent druggists from either giving advice or selling remedies for venereal complaints without a prescription signed by a medical man."[3] If our law-makers can be made to see the benefit to be derived from such legislation, we shall be taking a long step forward in the control of a very grave menace.

We take this opportunity to thank the staff of the Boston City Hospital for permission to report the above cases.

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MEDICAL MEN AND THE WAR.*

By JOHN W. KEEFE, M. D.,
Providence, R. I.

Your President has requested me to read a paper with reference to the medical man's contact with the war. The present war has assumed such tremendous proportions that nobody in the world is outside its influence, and each one of us has dinned into his ears daily the horrors of this world wide conflagration. Here in America, we do not realize as yet that we are living in one of the greatest epochs in the world's history; the map of the world itself is changing; new thoughts in religion are constantly developing; agnostics are becoming believers; whole nations are changing their religious attitude. It is the belief of many that the nations were becoming dissolute from luxurious living and that this war will have a chastening effect and give them an entirely different perspective of life. There has been a notable change in the attitude of people toward the monarchial form of government and an ever growing feeling that a government cannot exist without the consent of the governed. For 142 years, the United States has existed as a republic, and yet in the beginning, it was predicted that such a government could only exist for a brief period. We have been isolated by two oceans in a country enormously rich in natural resources, and consequently, we have become enriched, individually and nationally, to an unprecedented degee; but in the face of this prosperity, there have been ominous rumblings which portended a conflict between capital and labor—increasing dissatisfaction on the part of the laboring classes. This war will, for the time being, keep in the background these differences of opinion among our own people. We have enjoyed so many privileges in this free country of ours that we have seldom paused to consider that we have duties as well as privileges; but the time has arrived for a consideration of the rights of the country. The order is reversed—it is no longer country for individual, but individual for country. We have been called in no uncertain terms and our duty is plain. The

*Read at the Annual Meeting of the Rhode Island Medical Society, May 31, 1917.

debt we owe for prosperity and freedom is now due and must be paid, and each man and each woman must do his and her part. Politics, prejudices, distinctions of every kind must be laid aside, and shoulder to shoulder, as Americans, we must accept the burden cast upon us.

At the present time we are in the state that England was in the early part of the war. They had no conception of the enormity of the whole situation. At the time that the English newspapers were announcing in head lines that England had sent ten thousand men across the channel, Germany had three million men under arms. They thought that the war might last three months, or possibly four months; they believed that the greatest Navy in the world would be able to close the German ports so adequately that Germany would soon be starving. Who dreamed for a moment that it would be possible to starve England and France? And yet, to-day, men who are in a position to know state that unless the submarine menace can be checked, within eight months both England and France will be starving.

We have not been roused to the true inwardness of the situation with reference to ourselves. We do not realize that within a year, we here in America, may be hungry. We have been paying so much attention to business and the successful business man has been looked up to for so long, that we have lost a great part of our patriotic ideals. The sacrifices made by the men and women during the civil war and the war for independence have faded into insignificance; the personal bond between the man and his country has been lost sight of in the strenuous each-one-for-himself existence that has been so large a feature of our modern life. But the sentiment of the people is changing rapidly. Who would have believed three months ago that a selective draft could be carried out in this country. The severest blow that Germany has received recently is the word that half a million men are to be drafted for active service in the Army and Navy of the United States. But when the war is over, how much better for a man to say "I went to France" rather than "I was sent to France."

We are frequently asked, "What can a doctor do"? The Surgeon-General's office has asked for surgeons to join the regular Army or the Medical Reserve Corps. It is estimated that they require the services of from fifteen thousand to twenty thousand doctors. One can readily understand that it would be impossible for the Surgeon-General's office to assign a man to just the particular place where he would like to serve. The doctor when in service is a soldier—he must give himself unreservedly—realizing that it is a soldier's duty to obey. The Red Cross is especially anxious to have an ambulance corps developed in the State of Rhode Island. There is an opportunity for five medical men, one who will have the rank of captain and four lieutenants, with a personnel of 91 men in the entire corps, including litter bearers, cooks, and so forth. Within a few days, the General Medical Board of the Council of National Defense at Washington has appointed a State Committee on National Defense for Rhode Island, to act in advisory capacity, with reference to medical preparedness in this state.

The country asks for twenty thousand medical men, in various capacities, and as yet only five thousand have responded. Are we living up to the ideals of our profession? We are first at birth and last at death; behind us is a heritage of self-sacrifice and devotion to duty in the face of danger. In this national emergency are we to be the slackers? The young men of the country are to be drafted; they will take their places on the blood-washed battlefields of Europe, where even at this moment, the stars and stripes are mingled with the banners of the Entente Allies. Are we to let them go alone? Wounded and dying, are they to be cared for by the medical men already overburdened? Or do we, as the representative medical men of this country, stand ready to do our part?

LETTER TO THE EDITOR.

Providence, R. I., June 22, 1917.

To the Editor:

I am sending to you extracts from a letter received by the Rhode Island Mental Hygiene Society, dated London, June 1, 1917, and written by Dr. Thomas W. Salmon, Medical Director of the National Commission for Mental Hygiene.

Dr. Salmon is visiting England and France for the purpose of studying conditions there relative to the care and treatment of nervous and mental diseases in this war.

"The little I have already learned has convinced me of the importance of excluding certain easily recognizable psychotic types at the time of their enlistment. Dr. Mott, who has had an enormous experience here, says that he cannot emphasize this too strongly. These people are certain to go to pieces in the presence of danger or hardship, and are not only useless themselves, but are also a serious drag upon their comrades and army in general. Mott believes that no testing methods can detect these individuals, but that their exclusion must depend upon the expert clinical judgment of the well-trained psychiatrist and neurologist. I am convinced that we are providing far too few beds for actual war conditions. This is entirely true of base hospitals generally, but it is especially true of the accommodations for mental and nervous cases. A British army division consists of 40,000 men and has a base hospital of 1,000 beds which can be expanded to twice that number. This ratio is considerably larger than that provided by the United States regulations. Dr. Mott thinks it very desirable to emphasize the fact that these special wards are to be for nervous cases, as there are very few organic cases even among the wounded. The neuroses greatly outnumber the strictly mental cases. So perhaps it would be better for us to speak of our wards as nervous and mental wards rather than mental and nervous wards. The extent of these cases is almost beyond belief. I have not yet had access to the official records, but apparently the neuroses constitute one of the most formidable problems of modern war."

The facts contained in this letter of Dr. Salmon's, who is one of the leading experts regarding nervous and mental diseases and mental hygiene in this country, and who has had an unusual opportunity to study war conditions at first hand, teach us several lessons. First and foremost we should be in a position to exclude the nervous and mentally unfit at the time of their enlistment. It is a well-known fact that in the past many mental misfits have been allowed to enter our regular army and have proved themselves to be a burden upon the government and a disturbing element among the other soldiers. With the establishment of our new army, this should be guarded against in every possible way. Under the conscription act, undoubtedly many men will be drafted who have impaired nervous systems and who should not be allowed to become members of our army. This can only properly be accomplished if the physician trained in nervous and mental diseases can pass upon such cases. It behooves all examining physicians to keep prominently in their mind the question of the nervous and mental fitness of the candidates to enter our army. A history of any previous attack of nervous or mental disease should disqualify the candidate, and there are also many others who are in the pre-psychotic or neurotic state who are bound to suffer shipwreck if they have to undergo the strain of modern warfare. These are the incipient cases of dementia praecox, those of the manic-depressive personality, the psychopathic inferior, the psychasthenic and the neurasthenic. The other lesson that we should learn is this: All physicians must consider the question of personal service most seriously. Many more physicians are going to be needed in this great war than most of us dream of. Many physicians cannot give their services to their country at once, but those that are within the age limit prescribed by the United States Government should prepare to put their affairs in such order that they can go at a later period when their country may urgently need them.

Nervous and mental diseases are playing an ever increasingly important role in this war, and every man who has had special training in this line of work will ultimately be needed in some branch of the work.

ARTHUR H. RUGGLES, M. D.

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R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President, Dr. Lewis B. Porter President; Dr. H. C. Messinger, Secretary.

EDITORIALS

THE STATE BOARD OF HEALTH.

The members of the State Board of Health must not forget that as public officials they are subject to criticism which does not necessarily apply to them personally and that commendation of their official acts is not meant as a compliment to the individuals even though their official action is influenced or effected by the energy or activity of a few men. The Board is responsible for its action and should court the utmost publicity. There should be no Star Chamber proceedings, no official action which is not duly spread upon its records, and no feeling that they are being persecuted if their actions are questioned or criticised.

It is known to everybody that there has been clashing of interests in the Board, that the element of discord still exists, that the good which has been accomplished during the past two years is minimized by a lack of unity and it is believed by many that this unsatisfactory condition of affairs is largely due to the activity of one or more members. The editorials of the Providence Medical Journal have contained both praise and criticism of the State Board of Health. It

never had and does not now hold a brief for or against any member of the Board or any of its employees, and there is no need for it to hale before its session or any of its committees any one in its employ to inquire if they are responsible for anything which appears in the Journal, for they are not. It is currently believed that a small clique is responsible for much if not all of the dissension, and should be held responsible for the discredit which has attached to the Board. If we are in error, and the Board as a whole assumes responsibility for all of its actions, we believe that the Board has been guilty or cognizant of things which do not redound to its credit.

The methods used in the legislature to unseat Dr. Swarts as a member of the Board were unfair, unjust, and disgraceful and were but parts of a long continued and persistent campaign to deprive this state of his valuable services. The failure to re-elect him as Secretary was the culmination of a series of personal attacks and was made possible, we are informed, only by the absence of one member and the introduction of a technicality regarding proxies. The charge that other duties interfered with his secretarial work is absurd. The new incumbent at the time this was written had not resigned his position as Health Officer of a neighboring city, and the state is deprived of the valuable services of a man recognized as an expert of national reputation, and this recognition of Dr. Swarts' ability does not deny the worth of the present incumbent of the office, but it is yet to be proven.

The establishment of the pathological laboratory was an innovation and its worth was at first questionable. The Board is entitled to great credit for its action in creating and establishing this department, which is now of the greatest value to the profession and to the state, but once having placed at its head a pathologist of reputation, it should not interfere with its management. Hold him responsible for the conduct of the department and when he proves incompetent or unsatisfactory, discharge him, but, having given him authority under certain prescribed rules, the effort of the Board to curtail his work and interfere with the system he has developed is indiscreet, to say the least.

We have no fault to find with those who have had an opportunity to feed a little at the public crib, but in our opinion the methods by which the recent appointments to the pathological staff were effected were unworthy of the Board and would not look well in print. If we are in error, and the State Board of Health will publish in the Medical Journal, which it is issuing at the expense of the state, a history of the various steps in the operation, a record of the change of membership in committees and the recorded acts of these committees, whereby part of the pathological work of the laboratory was transferred to the chemical department, the profession would be pleased.

Incidentally the Publication Committee, which consists largely of one member, should not publish articles without giving credit to their original sources, thus allowing readers to assume that they were written for the Bulletin of the State Board of Health. This applies as well to editorials as to papers which have been read before scientific bodies or have been in competition for prizes offered by the Rhode Island Medical Society. The State Board of Health should assume responsibility for everything published in the Bulletin or should state that it does not assume such responsibility and state where it really belongs.

If politics are going to govern the State Board of Health, the sooner it gets through and its authority is vested in one Commissioner of Health the better, and politics do influence its work and in ways which would not appear well in print, but which are easily susceptible of proof if the Governor really wishes an efficient Department of Health. An investigation of the Board by a non-partisan legislative committee would not redound to its credit, and its members should recognize this fact and for their own good cease to be influenced by personal animosity or political aspirations.

"GROUP INSURANCE" VS. COMPULSORY HEALTH INSURANCE.

At the annual meeting of the House of Delegates of the State Society the Chairman of the Committee on Social Insurance summed up the matter in a few characteristically trenchant remarks and, in our opinion, with a single suggestion cleared the problem of the greatest encumbrance to its successful operation—the relation of the physician to universal compulsory health insurance. Dr. Mowry pointed out that the solution lay in the absolute divorce of the physi-

cian from the whole matter. His contention is that if such insurance is found to be desirable or necessary for the economic amelioration of the working classes, the insurance should be funded by contributions from the employe, employer and state without reference to the medical aspects. In short, the insured is paid his sick benefits and employs and personally pays for the services of the physician of his choice. We consider this the most illuminating side light we have seen cast upon this most perplexing problem, and in this connection is to be noted the introduction by insurance companies of so-called "group insurance" for all the employes of manufacturing and similar concerns. The employer pays a blanket premium to an insurance company which issues, without medical examination, life insurance policies upon all the employes to run as long as they remain in the employ of the company in amounts varying with the length of time the employe has been associated with his employer. This is undoubtedly in the nature of a "back-fire" set by the insurance companies to check the oncoming greater conflagration of universal compulsory health insurance, but it should commend itself to physicians, if further elaborated to cover sickness and unemployment, as being in line with the suggestion of the Chairman of the Committee on Social Insurance. It leaves to the insured the right to choose his physician—an inherent and inalienable right which has been restored to him in case of accident by the recent amendments to the Workmen's Compensation Act in this state—and it eliminates the chief stumbling block to the successful operation of health insurance encountered in every country where it has been established. A thorough investigation of this plan by those interested in health insurance would be of undoubted value and might possibly open up a method of instituting health insurance without the endless controversy of medical fees, formation of panels, etc.

THE RHODE ISLAND MEDICAL SOCIETY BUILDING.

It is encouraging to observe that the Rhode Island Medical Society Building is at last receiving adequate attention at the hands of the Trustees. The officials to whose care the Building has been entrusted during the past five years have been negligent in their duties; otherwise its physical condition would be much better than it is at present. Within the past six months the financial condition of the Society and its home have been referred to in these columns on at least two occasions, and the members have been apprised of the need of an immediate consideration of this important question. We are gratified to learn that plans have already been formulated to establish a permanent endowment, which shall free the Society from debt and provide a fund for the perpetual care of the Building. It will give an opportunity to restore to various trust funds the sums which were borrowed at the time the Building was erected, and which should have been returned long before this. Much credit is due to the public spirited members who have so generously offered to start the subscription list with substantial amounts. Every member should consider it his privilege as well as his duty to add his name to this honor roll with the largest amount he can afford to give.

SOCIETIES

RHODE ISLAND MEDICAL SOCIETY.

House of Delegates.

Annual meeting was held May 23, 1917, at the Medical Library. There were present Drs. Champlin, Swarts, Leech, Risk, White, Rogers, Briggs, Keefe, Welch, Day, Hawkins, Howe, Manchester, Mowry, Richardson, Hoye, Hammond, Williams, Miller, Brackett, Hindle, Barrows, Rose, Barden, Noyes, Magill, Gardner, Mathews, McCaw, Ferguson, Phillips, and the President, Dr. E. D. Chesebro, in the chair.

The minutes of the preceding meeting were read and approved.

At the election of officers for the ensuing year the following were elected:

President—John Champlin.

First Vice-President—G. T. Swarts.

Second Vice-President—John M. Peters.

Secretary—J. W. Leech.

Treasurer—W. A. Risk.

Committee of Arrangements—Henry Hoye, E. S. Cameron, C. F. Deacon, Treasurer.

Committee on Legislation—J. E. Mowry, C. V. Chapin, F. N. Brown, President, Secretary.

Committee on Library—George S. Mathews, H. G. Partridge, J. E. Donley.

Committee on Publication—Roland Hammond,

J. F. Hawkins, W. A. Risk, President, Secretary.

Committee on Medical Education, State and National—C. V. Chapin, M. E. Baldwin, Jay Perkins, President, Secretary.

Committee on Necrology—F. G. Phillips, D. L. Richardson, C. F. Gormley.

Auditors for two years—D. L. Richardson, G. J. Howe.

Curator—W. J. McCaw.

Delegate to A. M. A. (two years)—F. T. Rogers.

Alternate—C. H. French.

The following reports were received and placed on file:

Annual report of the Secretary, 1916-1917:

"Regular quarterly meetings have been held in September, December and March. The membership roll of the Society is as follows:

Active members	423
Non-resident members	27
Honorary members	10
	460

There has been a noteworthy increase in the number of active members this year, despite a heavy toll exacted by death. There have been 43 new members added and 3 reinstated. This has been made possible largely through the activities of the Official Organizer of the American Medical Association, who at your invitation very thoroughly canvassed almost the entire state in a membership campaign which netted a total of 71 physicians pledged to join the State Society. Of this number, 36 have joined, leaving 50 per cent. still unenrolled, for a variety of reasons. In this connection, therefore, I beg leave to urge upon the Secretaries greater activity in enlarging their own and the State Society's membership rolls, and to ask that especial attention be given to expedite applications for membership. It is highly regrettable that one-half the fruits of the campaign be lost by procrastination on the part of those elected to positions of authority. The Society has lost by death the following active members: Drs. Henry W. Burnett, Albert E. Ham, Francis M. Harrington, Dan O. King, Adrian Mathews, John E. O'Neil, Edward S. Parker, George D. Ramsay, Russell B. Smith, Edward F. Walker, and from the non-resident roll: Drs. Charles H. Earle and Thomas A. Kenefick.

Dr. Asa S. Briggs resigned June 16, 1916, and Dr. Elisha H. Cohoon on December 14, 1916.

In January, 1917, the State Society assumed ownership and control of the Providence Medical Journal, and under the title of THE RHODE ISLAND MEDICAL JOURNAL publishing its transactions under the editorship of Dr. Roland Hammond and business management of Dr. Joseph F. Hawkins."

The Treasurer's report could not be presented, as the Auditors had failed to audit the accounts.

The Secretary presented the annual report of the Council:

"At the November meeting of the Council the Treasurer's budget, totalling $2,635, was approved to this body and the Providence Medical Journal was purchased from the Providence Medical Association. At the meeting held this day the annual report of the Treasurer not having been duly audited by the Auditors was presented informally. It was voted that after the Treasurer's accounts shall have been audited and found correct they shall be published in THE RHODE ISLAND MEDICAL JOURNAL."

Dr. Swarts presented the report of the Board of Trustees of the Rhode Island Medical Library: "Upon assuming the care of the building, it was ascertained that the stacks, books and shelves of the stack room had not received dusting for a long period of time. Instructions to the janitor and the repair of a vacuum cleaner resulted in the removal of the accumulation of dust.

It was found that the exterior woodwork of the Library had not received additional paint since its erection, five years before.

The window-sash and doors had become weather worn and the iron work was becoming rusty.

An appropriation was granted the committee by the Council and House of Delegates of $185 for two coats of paint on all woodwork and iron work.

A contract was made with the option of having one or two coats of paint, the first for $135 and a second for $50 extra. Upon the application of the first coat the wood appeared to be well covered, and upon the advice of the painter to postpone the second coat until fall, permitting the first coat to harden, only one coat has been applied.

The Trustees would recommend that the second coat be laid with the balance of the appropriation, as expediency would suggest.

The interior walls of the main building have lost the original white color and are greatly in need of attention. The walls and ceilings of the janitor's quarters have been blackened, presenting the condition of a cheap tenement. The original finish of the walls was hard plaster; the treatment available now is kalsomine whitening. The cost of whitening the whole of the main building would be about $75 and the tenement somewhat less.

A leaky roof and a defective automatic ventilator have received attention.

During the year the building has been occupied on 75 occasions, 63 times by medical societies and sections, and 12 times for literary or sociological meetings. The rate of donation received from the various societies has varied with the space occupied and the nature and time of the meeting. Observations were made of the electric light meter readings for determination of the expense connected with the occupancy. The amount of subscriptions from the same will be reported by the Treasurer.

The requisitions for the utilization of the stereopticon for illustrating topics presented are increasing. The lantern donated by Dr. Rogers and operated by the janitor meets this demand, but illustrations by use of moving picture reels requires the loan or hiring of a machine. It is to be hoped that it will be made possible to have a permanent installation of a moving picture machine and fire-proof booth, in order to make quickly available the reels so frequently brought on by readers from larger centers. The committee has in view a possible way of meeting this requirement.

It is hoped that the funds of the Society will be found sufficiently elastic to provide for a correction of the interior finish and for painting the window screens for their preservation as well as on aesthetic grounds."

(*Continued next month*)

HOSPITALS

PROVIDENCE CITY HOSPITAL.

Dr. Henry J. Connor will assume the position of Assistant Superintendent beginning July 1.

Dr. H. P. B. Jordan, Assistant Superintendent of the hospital, has recently left for training at Fort Benjamin Harrison, Indiana, with the Medical Reserve Corps.

ST. JOSEPH'S HOSPITAL.

The Staff Association to the number of about 40 men held its annual outing and field day June 14, 1917, at the Warwick Club. Field sports and a baseball game were enjoyed.

RHODE ISLAND HOSPITAL.

The regular meeting of the Rhode Island Hospital Club was held at the hospital June 27, 1917, at 8:45 p. m. The following papers were read: "Some Observations of Diastolic Blood Pressure," Otto A. Faust, M. D.; "Report of a Case of Malignant Pustule," Lupo de Mello, M. D.

Dr. O. A. Faust, who finishes his course as interne July 1, 1917, has accepted an instructorship in medicine at the Albany Medical College.

Dr. Lupo de Mello, who finishes his course as pathological interne July 1, 1917, has accepted an instructorship in clinical microscopy at Syracuse University for the coming year, meanwhile studying with Dr. Frank B. Mallory at Boston.

The department for infants affected with diseases of the digestive organs has been reorganized as the department for infants, with the following staff: Dr. William H. Buffum and Dr. George T. Spicer, physicians; Drs. Harold G. Calder, William H. Jordan, William H. Roberts and Henry E. Utter, assistant physicians; and Dr. William P. Buffum, Jr., special externe.

Dr. Niles Westcott has accepted the recently created position of Night Assistant Superintendent of the hospital.

During the recent campaign to sell Liberty Bonds, $3,600 was subscribed by graduate nurses, nurses in training and other employees of the hospital.

MEMORIAL HOSPITAL.

About 20 of the staff tendered a complimentary dinner to Dr. C. H. Holt at the To Kalon Club, Pawtucket, May 29, 1917, on the eve of his departure for training with the Medical Reserve Corps at Fort Benjamin Harrison, Indiana.

MISCELLANEOUS

HOSPITAL UNITS FOR MENTAL AND NERVOUS DISORDERS.

The National Committee for Mental Hygiene has created a subcommittee on furnishing hospital units for nervous and mental disorders to the United States Government, the project having been approved by Surgeon General W. C. Gorgas of the U. S. Army.

This subcommittee, of which Dr. Pearce Bailey of New York is chairman, is authorized to secure the services of alienists and neurologists to be commissioned in the Officers' Reserve Corps, Medical Section, and to serve in the neuro-psychiatric units which are to be attached to the base and other hospitals of the military services of the United States. Further information will be given, and application forms sent to physicians qualified in this branch of medicine, on application by letter or in person to The National Committee for Mental Hygiene, 50 Union Square, New York City.

Dr. Joseph F. Hawkins has been appointed oculist to the State Institutions.

Dr. Louis J. Pobirs has removed his office from 167 Prairie Avenue to 21 Camp Street.

About 50 physicians from Rhode Island registered at the recent meeting in New York of the American Medical Association.